

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

ADDRESS (number and street)

501 E. MAIN STREET

SUITE 200

Check if different
than previously
reported. (ACC)

WINDSOR

CO

80550-3150

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00481200

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

WALTER, BARRY, , , JR.

Type or Print Name of Treasurer

Signature of Treasurer

WALTER, BARRY, , , JR.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 15 / 2020 To: M M / D D / Y Y Y Y Y Y
11 / 23 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2020		52563.85
(b) Cash on Hand at Beginning of Reporting Period.....	194692.82	
(c) Total Receipts (from Line 19)	3218.00	390160.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	197910.82	442723.89
7. Total Disbursements (from Line 31).....	49143.93	293957.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	148766.89	148766.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1632.40	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
10 15 2020

To:

M M / D D / Y Y Y Y Y
11 23 2020

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

400.00

47785.00

(ii) Unitemized

2818.00

176870.46

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

3218.00

224655.46

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

3218.00

224655.46

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

80000.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

4914.12

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

80590.46

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

3218.00

390160.04

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

3218.00

390160.04

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	46143.93	97308.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	46143.93	97308.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	83000.00
24. Independent Expenditures (use Schedule E)	0.00	32009.77
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	315.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	315.00
29. Other Disbursements (Including Non-Federal Donations).....	3000.00	81324.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	49143.93	293957.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49143.93	293957.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3218.00	224655.46
34. Total Contribution Refunds (from Line 28(d))	0.00	315.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3218.00	224340.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	46143.93	97308.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	4914.12
38. Net Operating Expenditures (subtract Line 37 from Line 36)	46143.93	92394.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASTO, DALE, , ,

Mailing Address 4801 J M TURK RD

City
FLOWERY BRANCH

State
GA

Zip Code
30542

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2020

Transaction ID : A4B620C126D504545803

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KREWS, KERRY, , ,

Mailing Address 10332 FREEMAN DR

City
KEITHVILLE

State
LA

Zip Code
71047-9053

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2020

Transaction ID : ACB26063D7ECE4E30BB6

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

400.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. CPMM SERVICES GROUP INC.

Mailing Address 3785 INDIANOLA AVE

City
COLUMBUSState
OHZip Code
43214-3754Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : B2E31DF000I

Amount of Each Disbursement this Period

1930.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CPMM SERVICES GROUP INC.

Mailing Address 3785 INDIANOLA AVE

City
COLUMBUSState
OHZip Code
43214-3754Purpose of Disbursement
NON FEDERAL MONTANA MAIL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	0		

FEC Identification Number

C

Transaction ID : B464F8C8B4

Amount of Each Disbursement this Period

5909.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CPMM SERVICES GROUP INC.

Mailing Address 3785 INDIANOLA AVE

City
COLUMBUSState
OHZip Code
43214-3754Purpose of Disbursement
NON FEDERAL MAIL (KY HD88)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	0		

FEC Identification Number

C

Transaction ID : BAF732F93A

Amount of Each Disbursement this Period

265.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8104.18

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. CPMM SERVICES GROUP INC.

Mailing Address 3785 INDIANOLA AVE

City
COLUMBUSState
OHZip Code
43214-3754Purpose of Disbursement
NON FEDERAL MAIL

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2020			

FEC Identification Number

C

Transaction ID : B7702751EE

Amount of Each Disbursement this Period

950.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FACEBOOK, INC.

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1456Purpose of Disbursement
NON-FEDERAL ONLINE ADVERTISINGCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2020			

FEC Identification Number

C

Transaction ID : B053FD6C58

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FACEBOOK, INC.

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1456Purpose of Disbursement
NON-FEDERAL ONLINE ADVERTISINGCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2020			

FEC Identification Number

C

Transaction ID : BAE3C72946

Amount of Each Disbursement this Period

900.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2750.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. FACEBOOK, INC.

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1456Purpose of Disbursement
MT DIGITAL ADS \$681.98/KY DIGITAL ADS \$218.02

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				26				2020					

FEC Identification Number

C**Transaction ID : B890EE5ED3**

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FACEBOOK, INC.

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1456Purpose of Disbursement
MT DIGITAL ADS \$748.53/KY DIGITAL ADS \$151.47

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				26				2020					

FEC Identification Number

C**Transaction ID : B23864CA65I**

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FACEBOOK, INC.

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1456Purpose of Disbursement
MT DIGITAL ADS \$640.82/KY DIGITAL ADS \$259.18

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				02				2020					

FEC Identification Number

C**Transaction ID : B8A8EA71F4**

Amount of Each Disbursement this Period

900.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2700.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. FACEBOOK, INC.

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1456Purpose of Disbursement
MT DIGITAL ADS \$664.96/KY DIGITAL ADS \$235.04

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	3			2	0	2	0		

FEC Identification Number

C**Transaction ID : BA1EBF2760**

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FACEBOOK, INC.

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1456Purpose of Disbursement
MT DIGITAL ADS \$.18/KY DIGITAL ADS \$5.66

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	2	0		

FEC Identification Number

C**Transaction ID : B0233E47586**

Amount of Each Disbursement this Period

5.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FACEBOOK, INC.

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1456Purpose of Disbursement
MT DIGITAL ADS \$30.34/KY DIGITAL ADS \$32.38

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	2	0		

FEC Identification Number

C**Transaction ID : B8D0B652FE**

Amount of Each Disbursement this Period

62.72

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

968.56

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. FACEBOOK, INC.

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1456Purpose of Disbursement
NON-FEDERAL ONLINE ADVERTISING (KY)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2020			

FEC Identification Number

C**Transaction ID : BE33DF3CB5**

Amount of Each Disbursement this Period

1.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST ACH

Mailing Address 3901 CENTERVIEW DR

City
CHANTILLYState
VAZip Code
20151-3228Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2020			

FEC Identification Number

C**Transaction ID : B7435529122**

Amount of Each Disbursement this Period

18.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST ACH

Mailing Address 3901 CENTERVIEW DR

City
CHANTILLYState
VAZip Code
20151-3228Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2020			

FEC Identification Number

C**Transaction ID : B343C5B6D8**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.91

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. GATEWAY SERVICES

Mailing Address 1252 SARATOGA RD

City
BALLSTON SPAState
NYZip Code
12020-3500Purpose of Disbursement
PAYMENT PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	5			2	0	2	0		

FEC Identification Number

C [REDACTED]

Transaction ID : B1016A84215

Amount of Each Disbursement this Period

[REDACTED] 20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INNOVAIRRE

Mailing Address 1174 ELKTON FARM RD

City
FORESTState
VAZip Code
24551-2128Purpose of Disbursement
FUNDRAISING MAIL

[REDACTED]

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	0		

FEC Identification Number

C [REDACTED]

Transaction ID : BB8A11745C

Amount of Each Disbursement this Period

[REDACTED] 24032.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MUDSHAREMailing Address 325 E JIMMIE LEEDS RD
STE 117City
GALLOWAYState
NJZip Code
08205-4126Purpose of Disbursement
NON FEDERAL DIGITAL MARKETING (MT)

[REDACTED]

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	2	0		

FEC Identification Number

C [REDACTED]

Transaction ID : BBF4F0962C

Amount of Each Disbursement this Period

[REDACTED] 322.39

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

[REDACTED] 24375.06

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. POLITICAL.LAWMailing Address 441 N LEE ST
STE 300City
ALEXANDRIAState
VAZip Code
22314-2301Purpose of Disbursement
LEGAL AND COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : B12D73CF02

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RALLYPIRYX, LLCMailing Address 995 MARKET ST
FL 2City
SAN FRANCISCOState
CAZip Code
94103-1732Purpose of Disbursement
PAYMENT PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : B787605AB6c

Amount of Each Disbursement this Period

596.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REARDON STRATEGIC

Mailing Address 1718 WIMBLEY CT

City
LOVELANDState
COZip Code
80538-5215Purpose of Disbursement
NON FEDERAL DIGITAL ADVERTISING (TN, TX, FL, SC)Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	0		

FEC Identification Number

C

Transaction ID : B778045817z

Amount of Each Disbursement this Period

4080.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6676.32

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		04		2020

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : BAC9372DD1**

Amount of Each Disbursement this Period

96.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		04		2020

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : B71AAEDCAi**

Amount of Each Disbursement this Period

1.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		04		2020

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

001
Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : B401A3B7E6**

Amount of Each Disbursement this Period

103.87

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.99

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2020			

FEC Identification Number

C

Transaction ID : B4DF9071E1I

Amount of Each Disbursement this Period

4.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2020			

FEC Identification Number

C

Transaction ID : B1EED0844F

Amount of Each Disbursement this Period

6.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2020			

FEC Identification Number

C

Transaction ID : B9E3A9882F

Amount of Each Disbursement this Period

129.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

139.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			20	20		

FEC Identification Number

C**Transaction ID : B4835EEE6D**

Amount of Each Disbursement this Period

4.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			20	20		

FEC Identification Number

C**Transaction ID : B87631B209E**

Amount of Each Disbursement this Period

4.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			20	20		

FEC Identification Number

C**Transaction ID : BA1E7F4730**

Amount of Each Disbursement this Period

4.54

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

13.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	2	0		

FEC Identification Number

C **Transaction ID : B2911DB640**

Amount of Each Disbursement this Period

 6.44☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	2	0		

FEC Identification Number

C **Transaction ID : B0ECCF941A**

Amount of Each Disbursement this Period

 6.36☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	2	0		

FEC Identification Number

C **Transaction ID : B3B10F8E52**

Amount of Each Disbursement this Period

 111.39☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 124.19

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 32

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELAND

State
CO

Zip Code
80537-3150

Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 04 / 2020

FEC Identification Number

C

Transaction ID : BD7DDA8523

Amount of Each Disbursement this Period

31.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELAND

State
CO

Zip Code
80537-3150

Purpose of Disbursement
ONLINE DISTRIBUTION COSTS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 04 / 2020

FEC Identification Number

C

Transaction ID : B6EA409B16I

Amount of Each Disbursement this Period

29.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.85

46143.93

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

Full Name (Last, First, Middle Initial)

A. BRIAN ADAMS FOR SC SENATE 44

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		15		2020

Mailing Address 121 LONDONDERRY RD

City
GOOSE CREEKState
SCZip Code
29445-5503Purpose of Disbursement
NON FEDERAL CONTRIBUTION

012

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C [REDACTED]

Transaction ID : BD6E3E65D8

Amount of Each Disbursement this Period

[REDACTED] 1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN JACOB CAMPAIGN

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		22		2020

Mailing Address PO BOX 46247

City
INDIANAPOLISState
INZip Code
46247Purpose of Disbursement
NON FEDERAL CONTRIBUTION

012

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C [REDACTED]

Transaction ID : BA1D895543

Amount of Each Disbursement this Period

[REDACTED] 1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JORDAN PACE FOR STATE HOUSE

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		15		2020

Mailing Address PO BOX 2458

City
GOOSE CREEKState
SCZip Code
29445-2458Purpose of Disbursement
NON FEDERAL CONTRIBUTION

012

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C [REDACTED]

Transaction ID : BB8F0A3989

Amount of Each Disbursement this Period

[REDACTED] 1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

[REDACTED] 3000.00

[REDACTED] 3000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 32

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CPMM SERVICES GROUP INC.Nature of Debt (Purpose):
POSTAGE

Mailing Address 3785 INDIANOLA AVE

City
COLUMBUSState
OHZip Code
43214-3754

Outstanding Balance Beginning This Period

1930.00

Transaction ID : DCE6296657DF44003A91

Amount Incurred This Period

0.00

Payment This Period

1930.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MUDSHARENature of Debt (Purpose):
ONLINE DISTRIBUTION COSTSMailing Address 325 E JIMMIE LEEDS RD
STE 117City
GALLOWAYState
NJZip Code
08205-4126

Outstanding Balance Beginning This Period

1028.76

Transaction ID : D5C529F4FBECF4056929

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1028.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MUDSHARENature of Debt (Purpose):
ONLINE DISTRIBUTION COSTSMailing Address 325 E JIMMIE LEEDS RD
STE 117City
GALLOWAYState
NJZip Code
08205-4126

Outstanding Balance Beginning This Period

603.64

Transaction ID : DFB96115D356F4195BB7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

603.64

1) **SUBTOTALS** This Period This Page (optional)..... ►

1632.40

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 32

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

172.24

Transaction ID : D9949184B048D4AC1A00

Amount Incurred This Period

0.00

Payment This Period

172.24

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

1.12

Transaction ID : D4569EF8471EA459195D

Amount Incurred This Period

0.00

Payment This Period

1.12

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

6.61

Transaction ID : DE444F6DAA7EB4A71AEC

Amount Incurred This Period

0.00

Payment This Period

6.61

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 32

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

4.25

Transaction ID : DBC843C2150C34555BDD

Amount Incurred This Period

0.00

Payment This Period

4.25

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

6.36

Transaction ID : D194F8C8D454148609B9

Amount Incurred This Period

0.00

Payment This Period

6.36

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

4.54

Transaction ID : DB542A701F36747C6909

Amount Incurred This Period

0.00

Payment This Period

4.54

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 32

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE DISTRIBUTION COSTS

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

4.12

Transaction ID : D62B4C65328DA4A38A42

Amount Incurred This Period

0.00

Payment This Period

4.12

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

DIGITAL MANAGEMENT

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

103.87

Transaction ID : DB3D6ED94385449AAB66

Amount Incurred This Period

0.00

Payment This Period

103.87

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

DIGITAL MANAGEMENT

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

129.00

Transaction ID : D07D4A6C350CD4D39BF0

Amount Incurred This Period

0.00

Payment This Period

129.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 32

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

ONLINE VOTER CONTACT

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

4.35

Transaction ID : DAA4125AAD4384F1B89D

Amount Incurred This Period

0.00

Payment This Period

4.35

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE NATIONAL ASSOCIATION FOR GUN RIGHTS

Nature of Debt (Purpose):

DIGITAL MANAGEMENT

Mailing Address 2300 W EISENHOWER BLVD

City

LOVELAND

State

CO

Zip Code

80537-3150

Outstanding Balance Beginning This Period

6.44

Transaction ID : D18A672107F894AAE98B

Amount Incurred This Period

0.00

Payment This Period

6.44

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

1632.40

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1632.40

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00481200 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee MUDSHARE			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">90.00</div>		
City GALLOWAY	State NJ	Zip Code 08205-4126	Transaction ID : E528C8B2C35634D7F90F Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT		Category/Type <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>			
Name of Federal Candidate: JORDAN, JAMES, D, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">90.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee MUDSHARE			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">91.00</div>		
City GALLOWAY	State NJ	Zip Code 08205-4126	Transaction ID : E3C361B9E504144B8878 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT		Category/Type <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>			
Name of Federal Candidate: PERRY, SCOTT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">91.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">0.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature WALTER, BARRY, , ,			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00481200 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MUDSHARE			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; text-align: center;">100.00</div>	
City GALLOWAY	State NJ	Zip Code 08205-4126		
Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT		Category/ Type	Transaction ID : EEFE30E3623B548B1ADD Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SPANBERGER, ABIGAIL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MUDSHARE			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; text-align: center;">60.00</div>	
City GALLOWAY	State NJ	Zip Code 08205-4126		
Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT		Category/ Type	Transaction ID : E9211548C0A6F4957898 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SMITH, SANDY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WALTER, BARRY, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00481200 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MUDSHARE			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 10 / 27 / 2020 </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 212.00 </div> Transaction ID : E823FA4206E704795BF3 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
City GALLOWAY	State NJ	Zip Code 08205-4126		
Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT		Category/ Type 	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose SASSE, BENJAMIN, E, ,				
Calendar Year-To-Date Per Election for Office Sought 212.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MUDSHARE			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 10 / 27 / 2020 </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 66.00 </div> Transaction ID : E6BC585581A2544C8A2F Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
City GALLOWAY	State NJ	Zip Code 08205-4126		
Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT		Category/ Type 	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MERAV, BEN DAVID, , ,				
Calendar Year-To-Date Per Election for Office Sought 132.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WALTER, BARRY, , ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00481200 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Full Name of Payee MUDSHARE			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">66.00</div>		Transaction ID : EFC5DE9112F1047D093D Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
City GALLOWAY	State NJ	Zip Code 08205-4126	Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT			
Name of Federal Candidate: LUMMIS, CYNTHIA, MARIE, MRS,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WY	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">132.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee MUDSHARE			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">32.00</div>		Transaction ID : E38EA92AF53A245F89C7 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
City GALLOWAY	State NJ	Zip Code 08205-4126	Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT			
Name of Federal Candidate: MESSNER, BRYANT 'CORKY', S., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">336.63</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">0.00</div> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;"></div> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;"></div> </div> </div>						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
WALTER, BARRY, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00481200 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MUDSHARE			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">110.00</div>	
City GALLOWAY	State NJ	Zip Code 08205-4126	Transaction ID : E99FA0F15BA514B6BB3F Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose WILLIAMS, KATHLEEN, , ,	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">110.00</div>			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item MUDSHARE			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">90.00</div>	
City GALLOWAY	State NJ	Zip Code 08205-4126	Transaction ID : E65FF9D96AF214B63927 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose LATURNER, JAKE, , ,	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">90.00</div>			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WALTER, BARRY, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00481200 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>		
Full Name of Payee MUDSHARE			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117					Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">90.00</div>	
City GALLOWAY		State NJ		Zip Code 08205-4126		
Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT			Category/ Type		Transaction ID : EDE94EEE6F5F0406FB44 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GOHMERT, LOUIS B. MR., JR., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">90.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee MUDSHARE			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117					Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">94.00</div>	
City GALLOWAY		State NJ		Zip Code 08205-4126		
Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT			Category/ Type		Transaction ID : E69D8B68F4429416983F Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: MASSIE, THOMAS, H., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">94.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">0.00</div> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;"></div> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;"></div> </div> </div>						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Signature WALTER, BARRY, ,			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 32
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00481200 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee MUDSHARE			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>		
City GALLOWAY	State NJ	Zip Code 08205-4126			
Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT			Category/Type	Transaction ID : EB754EB97F9FE46219FF Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: CLYDE, ANDREW, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2020		

Full Name of Payee MUDSHARE			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>		
City GALLOWAY	State NJ	Zip Code 08205-4126			
Purpose of Expenditure ESTIMATED PHONE VOTER CONTACT			Category/Type	Transaction ID : E2A500F6D1E4D45CDB69 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: PANDY, DEVIN, D, MR, SR.			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2020		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WALTER, BARRY, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

